



Plant and Insect Diagnostic Clinic

Iowa State University—2445 ATRB, 2213 Pammel Dr

Ames, Iowa 50011-1101

515-294-0581 hortnews.extension.iastate.edu/PIDC

SAMPLE SUBMISSION FORM

Submit samples with forms to address listed above.

Billing Contact Information

Please print, (*) are required fields

Name* _____

Signature* _____

Company _____

Address* _____

City, State, Zip* _____

Phone* _____

Email* _____

List others who we can communicate with and, if email provided, will receive this report:

owner of sample extension office other

Name: _____

Phone: _____

Email: _____

Fees DO NOT SEND PAYMENT with your sample. Fees are subject to change. [Visit our website: hortnews.extension.iastate.edu/pidc](http://hortnews.extension.iastate.edu/pidc).

Service Requested

In-state

Plant Problem Diagnosis—\$25

Insect Identification—\$10

Out-of-state sample: contact the clinic before submitting an out-of-state sample.

Additional testing fees

I give my approval for additional testing; check the website for current list of services

Perform rapid serological testing—\$15-\$25
[if available]

Perform DNA testing or molecular insect ID—\$10-\$50
[if available]

FOR OFFICE USE ONLY

Sample number _____

Date received _____

INTERNAL BILLING

Department _____

Worktag _____

Account contact _____

SAMPLE INFORMATION

County, state _____

Plant _____

Date collected _____

Use this space to describe the problem in detail.

Be as thorough as possible. Things to include:

- symptoms—what is not normal with the plant?
- symptom onset—when did symptoms appear?
- progression of symptoms in space and time
- orientation of the plant(s), e.g. faces north in the yard, etc.

IOWA STATE UNIVERSITY
Extension and Outreach

SAMPLE INFORMATION *continued, check all appropriate boxes:*

Origin/location

- | | |
|--|---|
| <input type="checkbox"/> natural/city/rec area | <input type="checkbox"/> orchard |
| <input type="checkbox"/> garden | <input type="checkbox"/> greenhouse/nursery |
| <input type="checkbox"/> field | <input type="checkbox"/> indoor |
| <input type="checkbox"/> landscape | <input type="checkbox"/> windbreak |
| <input type="checkbox"/> animal/human | <input type="checkbox"/> other |

Operation type

- farmer
- homeowner/gardener
- commercial service provide
- state agency (IDALS, DNR)

Acres of plants owned/managed

- <1 acre
- 1-9 acres
- 10-49 acres
- 50-99 acres
- 100-499 acres
- 500-999 acres
- 1000+ acres

Information for Plant Problem Diagnosis ONLY

Planting date/plant age _____

Date problem noticed _____

check all appropriate boxes:

Parts affected

- | | |
|---|----------------------------------|
| <input type="checkbox"/> entire plants | <input type="checkbox"/> flowers |
| <input type="checkbox"/> leaves/needles | <input type="checkbox"/> fruit |
| <input type="checkbox"/> twigs | <input type="checkbox"/> stem |
| <input type="checkbox"/> trunk/bark | <input type="checkbox"/> roots |

Problem distribution

- | | |
|--|---|
| <input type="checkbox"/> near drive/road | <input type="checkbox"/> near residence |
| <input type="checkbox"/> edge of field | <input type="checkbox"/> upland |
| <input type="checkbox"/> slopes | <input type="checkbox"/> low areas |

Site and chemical history [including rates]

Herbicide _____

Fungicide _____

Seed treatment _____

Fertilizer _____

Insecticide _____

Crop

Last year _____

Current year _____

Next year _____

Prevalence

- majority scattered isolated (single plant/tree)

[For more information on submitting a sample](#) please visit our website at hortnews.extension.iastate.edu/pidc. Incomplete or insufficient information or sample may lead to inaccurate diagnosis. For all samples include quality photos when possible.

Visit the following sites for specific information on sample collection and packaging:

[Plant Problem Diagnosis](#)

hortnews.extension.iastate.edu/pidc/plant

[Insect ID](#)

hortnews.extension.iastate.edu/pidc/insect

[Digital photography guidelines](#)

hortnews.extension.iastate.edu/pidc/digital-photography

[Email](#) digital files to pidc@iastate.edu

Include in the subject: last name, crop, and sample submission date (MM/DD/YY). Example: Smith-maple-05/20/17.

Submitting a sample and this form signifies that you have [read and agree to our Terms and Conditions](#) found at: hortnews.extension.iastate.edu/pidc/terms_and_conditions

ISU Accounts Receivable Office will issue a monthly billing statement. Late fees may be assessed on charges greater than 60 days delinquent and customer shall be responsible for collection costs if account is referred to collection.

FOR LAB USE ONLY